



WEST PALM BEACH

DEVELOPMENT SERVICES DEPARTMENT
401 Clematis St.
West Palm Beach, FL 33401
Telephone: 561/805-6700
Fax: 561/805-6676

Application Date: \_\_\_\_\_

FACILITIES OF THE CITY ARE NOT INVOLVED IN THE DEMOLITION REFERENCED BELOW.

- 1. The City of West Palm Beach will disconnect the water service(s) to this property, locate and mark the sanitary sewer lateral at the connection to the City sewer line or force main.
2. After your licensed plumber pulls a plumbing permit and completes capping the sanitary sewer lateral, please contact our Construction Services Department at (561) 805-6700 for an inspection before starting demolition.
3. Application for permit is being made by the undersigned for the utilities demolition and removal of:

Detailed description of structure to be removed:
Street Address:
Property Control Number:

Approximate date of demolition: \_\_\_\_\_ Public Utility Account Number \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Owner: \_\_\_\_\_ Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

Cell Number: ( ) \_\_\_\_\_

Will utility account remain active during demolition? Yes [ ] No [ ]

If water meter is NOT being removed please be aware of and follow steps 1 through 4.

- 1. Your plumbing contractor must be on site at time of demolition.
2. Any damage done to City lines will be the responsibility of the contractor.
3. When lines are cut and capped, contact City of West Palm Beach Construction Services at (561) 805-6700.
4. If the existing water service will be used during the demolition process, a backflow prevention device is required on the service and a permit is requires for the device.

FOR PUBLIC UTILITIES USE ONLY

FOR CONSTRUCTION SERVICES DEPARTMENT USE ONLY

Table with 2 columns: Action/Status, Date. Rows include: METER LOCATION, REMOVE METER, READING, REMOVED RISER, DO NOT REMOVE, CSR INITIALS, LATERAL MARKED, DATE, BY.

LATERAL DISCONNECT INSP'D BY: \_\_\_\_\_ DATE: \_\_\_\_\_
RELEASED BY: \_\_\_\_\_ DATE: \_\_\_\_\_
TITLE: \_\_\_\_\_
COMPLETED FORM FAXED TO (561) 822-2183 DATE: \_\_\_\_\_